Arizona School Facilities Board

DAVIS-BACON Required Document Submission SAMPLE GUIDE

For use by Subcontractor #2

Please refer to next page to determine applicability.

Contains Samples of:

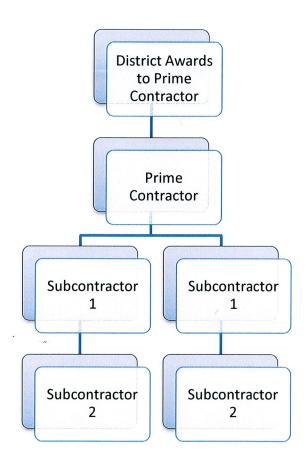
Initial Documents

- SF1413 Statement and Acknowledgment
- Labor Standards Certification form

Certified Payroll Submissions

- WH-347 U.S. Dept. of Labor Payroll Form
- Authorized Deduction form (use when applicable)
- Fringe Benefit form (use when applicable)

Sample Prime Contractor and Subcontractor Hierarchal Relationship



For the purposes of this Sample Guide, the chart above represents a simplistic version of a Prime and Subcontractor relationship hierarchy. This should be used only to determine appropriate placement of contractor information within the Davis-Bacon Initial Documents and the accompanying Certified Payrolls submissions.

<u>IMPORTANT</u>

General things to remember:

- ✓ All documents must be submitted through the Prime Contractor. Subs should not submit to the SFB directly. Prime Contractors are responsible for reviewing the documentation for completeness and accuracy before forwarding to the SFB.
- ✓ <u>All</u> documents must be originals with wet-ink signatures. Faxes and emails cannot be accepted.
- ✓ Complete and accurate "Initial" documents must be on file before certified payrolls can be accepted.
- ✓ Do not submit documentation that is incomplete. If a signature or other vital information is missing, it is considered invalid and you will have to resubmit.
- ✓ Submit in a timely manner to avoid delays.

THIS NUMBER **MUST REMAIN UNALTERED**

STATEMENT AND ACKNOWLEDGMENT

OMB No.: 9000-0014 Expires: 5/31/2011

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments

(VI	parding this burden estimate or any other R), Regulatory and Federal Assistance Digect (9000-0014), Washington, DC 20503	ivision, GSA, Wa	llection of informati ashington, DC 2040	on, ir 15; ar	icluding suggestions for reducing this burde ad to the Office of Management and Budget,	n, to the FAR Secretariat, Paperwork Reduction						
FIL	nject (8000-0014), Washington, DC 20003		STATEMENT OF	PRI	ME CONTRACTOR							
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-	4. PRIME CONTRA	VIDEO VIDEO VIDEO CONTRACTOR			5. SUBCONTRACTOR							
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etrans.	NAME OF PERSON SIGNING	EEIOIA!	16. BY (Signatur	e)		17. DATE SIGNED						
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AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1413 (REV. 7/2005) Prescribed by GSA/FAR (48 CFR) 53.222(e)

NOTE: ITEMS HIGHLIGHTED IN YELLOW MUST REMAIN UNALTERED

LABOR STANDARDS CERTIFICATION (1 of 2)

Revised 8/10/09

(Firm/Agency) as a (check one) prime contractor other Sub-Grantee: School Facilities Board Nature of Work: State Energy Program Work is expected to begin on: MM/DD/YYYY (Month, Day, Year) As a legally authorized representative of the company, I certify/ acknowledge that: 1. The Labor Standards Provisions, 29 CFR Part 5, Subpart A, and General Wage Decision have been incorporated into the contract between all parties who participate in the above intioned project. 2. Neither the above contracted company nor entry for it is not has interest in the contractor's firm is ineligible to the awarded Go me by the contractor's firm is ineligible to the awarded Go me by the contractor's firm is ineligible to the awarded Go me by the contractor's firm in the contractor's firm is ineligible to the awarded Go me by the contractor's firm in the contractor's firm is ineligible for award of a Government contract by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1). 3. No part of this contractory is a contracted to any person or firm ineligible for award of a Government contract by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1). 4. The penalties for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. 1001. NOTE: FORM WILL BE INCOMPLETE WITHOUT THE SU CONTRACTOR #2 INFORMATION IN SECTIONS 5-7 BELC CONTRACTOR #2 INFO		Coi	nmerce Contract	#:	1057-09	
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CONTRACTOR #2 INFORMATION IN SECTIONS 5-7 BELO Legal Name: Phone Number: Business Address:	5. The information for th	e firm contracted is:	NOTE: FORM	WILL BE INC	COMPLETE WI	ITHOUT THE SUB
Phone Number: Fax Number:			CONTRACTOR	#2 INFORM	ATION IN SEC	TIONS 5-7 BELO
Business Address:	Legal Name:					
	Phone Number:		Fax Number	T		
(Street) (City/State/Zip)	Business Address:					
		(Street)		(City/State	e/Zip)	
6. Business Federal Tax ID #:	6. Business Federal Tax	ID#:				
7. Contractors License #: Page 1 of 2	7. Contractors License #				Par	ge l of 2

LABOR STANDARDS CERTIFICATION (2 of 2)

	8. The contracted firm is a (check of	orietorship Partnership
	10377	3000000000000000000000000000000000000
CHECK THE ITEM TH	HAT APPLIES Divi	sion or Subidiary of:
TO SUBCONTRA	<	oration, incorporated in the state of:
10 3000011110		r (please describe):
		sees of the owner(s), partner(s), or officer(s) of the company are:
	NAME, TITLE, BUSINESS ADDRESS NAME, TITLE, BUSINESS ADDRESS	
	NAME, TITLE, BUSINESS ADDRES	
	10. The designated appointee,	NAME OF PERSON BEING APPOINTED BELOW
		pointed to supervise the payment of employees for the company.
	Beginning on (date) MM/DD	용 THE NOTE TO CONTROL OF THE SERVED OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE SERVED OF THE SERVE
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	apointee is to execute, and with the (Copeland Act.
	Notary Public- COMPANY C	FFICIAL'S CERTIFICATION
COMPANY		
OFFICIAL -	(Signature of Company Official)	(Title)
INFORMATION		
	(Printed Name)	(Date)
	Subscribe and swom to be	ne o a s da :
NOTARY INFO AND	TO A	(Date)
STAMP REQUIRED	(Signature of Notary Public)	(Commission Expiration Date)
	(Signature of Notary Public)	(Commission Explianon Date)
	Notary Public- APPOIN	TEE'S CERTIFICATION
	This is to certify that I have read and	do understand the Labor Standards Provisions and related matters
	as they apply to the project stated.	
APPOINTEE		No.
INFORMATION	(Signature of Appointee)	(Title)
,		
	(Printed Name)	(Date)
NOTARY INFO AND	Subscribe and sworn to before	
STAMP REQUIRED		(Date)
	(Signature of Notary Public)	(Commission Expiration Date)

MUST MATCH AN OPTION IN THE WORK CLASSIFICATION NAME **GENERAL WAGE DECISION**

MUST REMAIN THIS NUMBER UNALTERED

(For Contractor's Optional Use, See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm) PAYROLL

Wage and Hour Division

Employment Standards Administration

U.S. Department of Labor

Persons are not required to respoyd to the collection of information unless it displays a currently valid OMB control number. U.S. Wage and Hour Division Rev. Dec. 2008

NAME OF CONTRACTOR PAYROLL NO. JOE SMITH #1234 NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER JOHN SMITH #2345 3 OR SUBCONTRACTOR SUBCONTRACTOR NAME NO. OF WITHHOLDING EXEMPTIONS 0 N B ELECTRICIAN/ WIREMAN WORK CLEANUP FOR WEEK ENDING 3 T 0 0 60 0 60 0 60 0 60 Ó 63 0 00 0 OT OR ST 83/19/2011 3/13 Su 4.00 200 OURS WORKED EACH DAY 3/14 3/15 3/16 MTW (4) DAY AND DATE 800 7.00 Th F 3/17 3/18 3/19 5.00 3.00 ADDRESS OF SUBCONTRACTOR LOCATION NAME, SPECIFIC STREET ADDRESS FOR LOCATION HOURS 17.00 12.00 \$14.28 \$32.63 PATE OF PAY \$554.71 \$171.36 GROSS AMOUNT EARNED \$1,589.62 \$912.32 \$5.78 \$357 FICA WITH-HOLDING TAX \$130.27 \$36.44 (B) DEDUCTIONS 1057-09 PROJECT OR CONTRACT NO. OTHER TOTAL DEDUCTIONS \$136.05 OMB No.: 1215-0149 Expires: 12/31/2011 \$40.01 WAGES PAID FOR WEEK \$1,453.57 \$87231 (9)

While conjection of Form WH-347 is optional, it is manistary for covered combators and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information covertion contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3440) contractors and subcontractors performing work or federally financed or assisted construction contracts until respect to the ways paid date and employee during ments of the properties of Laborate (10 L. paperties) or assisted construction project, ascompanied by a signed "Statement of Complianance" the appropriate and complete and that each laborate 29 C.F.R. § 5.5(a)(3)(iii) require contractors to submit weekly a copy of all payouts to the Federal agency contracting to or financing the construction project, accompanied by a signed "Statement of Complianance" interacting that the payonists and complete and complete and that each laborate or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and thinge benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructors, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

*TERM "APPOINTEE" REFERS TO THE APPOINTEE

OPTION (4)(a) <u>or</u> (4)(b) MUST BE	the above referenced payroll, payments of firinge benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	WHERE _	(3) That any apprentices employed in the above period are duly registered in a born fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That:	(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.			weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	(Contractor or Subcontractor)	SUBCONTRACTOR NAME	oyed on said project have been paid the full weekly wade either directly or indirectly to or on behalf of said	and endin	(Contractor or Subcontractor) SCHOOL OR LOCATION NAME • that during the named period commencing on the	(1) That I pay or supervise the payment of the persons employed by SUBCONTRACTOR NAME	(Name of Signatory Party) do hereby state:	NAME OF APPOINTEE TITLE OF APPOINTEE	ON THE LABOR STANDARDS CERTIFICATION 03/24/2011
	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. 31 OF THE UNITED STATES CODE.	NAME AND TITLE OF APPOINTEE		ADD REMARKS IF APPLICABLE	REMARKS:						ADD EXEMPTIONS AS NECESSARY	EXCEPTION (CRAFT)	(c) EXCEPTIONS	Each laborer or mechanic listed in the above reference as indicated on the payroll, an amount not less than the basic hourly wage rate plus the amount of the require in the contract, except as noted in section 4(c) below.	7	
	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	signature Appointee Signature									ADD EXPLANATIONS AS NECESSARY	EXPLANATION		Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.	CASE	

CHECKED, DEPENDING ON APPLICABILITY

NOTE: A (1) DATE/DURATION, (2) AMOUNT AND (3) PURPOSE MUST **BE INCLUDED FOR EVERY AUTHORIZED DEDUCTION**

COMPANY LETTERHEAD

AUTHORIZATION FOR DEDUCTIONS

The undersigned authorize deductions, as noted, to be made from their wages. It is understood that these deductions are:

- A) in the interest of the employee,
- B) not a condition of employment,
- C) no direct or indirect financial benefit accruing to the employer,
- D) not otherwise forbidden by law

	-) Hot other wise foroidact	t by law.	
	EMPLOYEES NAME:	DATE/ DURATION:	AMOUNT:	PURPOSE:
	EMPLOYEES NAME (Employees Name)	MONTHLY		
		(Date/ Duration)	(Deduction Amount)	(Purpose)
		WEEKLY		
		(Date/ Duration)	(Deduction Amount)	(Purpose)
EXAMPL	ES OF APPROPRIATE			
DA	TE/DURATIONS			
	\			
		HOURLY		
		(Date/ Duration)	(Deduction Amount)	(Purpose)
		ONE TIME W/E		
		MM/DD/YYYY		
		(Date/ Duration)	(Deduction Amount)	(Purpose)
THIS SECTION MUST BE	Signature of Authorized: Representative of Employer:			
FILLED OUT Print Authorized Representative's Name and		nd Title:	Date:	
ENTIRELY OR) —		Date	
FORM WILL				
BE DEEMED	Employee's Signature:			
INCOMPLETE	Print Employee's Name and Title:		Date:	

THIS

THIS NUMBER
MUST
REMAIN
UNALTERED

PLAN

INFORMATION:

ONE PLAN/FRINGE BENEFIT PER

SHEET

FRINGE BENEFITS

This document must be completed for each fringe benefit plan the employer participates in on behalf of their employees working on the below listed project.

PROJECT NAME: PROJECT # 1057-09 EMPLOYER: PLAN NAME: TYPE OF PLAN: **EFFECTIVE DATE of PLAN:** (NAME, ADDRESS & PHONE # OF PLAN ADMINISTRATOR) NAME, ADDRESS & PHONE # OF PLAN TRUSTEE/CUSTODIAN) EMPLOYEE NAME or TRADE CLASSIFICATION **EMPLOYERS** FREQUENCY CONTRIBUTION (HOUR, WEEK, MONTH) Company Representative Date: SIGNATURE OF COMPANY

REPRESENTATIVE AND DATE REQUIRED

Fringe Benefits – Sample Guide

EMPLOYEE INFORMATION:

MULTIPLE EMPLOYEES MAY BE LISTED

Mail Davis-Bacon documents and payroll submissions to:

Arizona School Facilities Board
ATTN: _____

1700 W. Washington, Suite 230
Phoenix, AZ 85007

For Davis-Bacon questions or concerns please contact:

Estella Robinson

Office: (602)542-6144

Email: erobinson@azsfb.gov

OR

Carissa Kephart

Office: (602)542-6163

Email: ckephart@azsfb.gov